

APPLICATION FOR ANNUAL CONTRACTOR REGISTRATION



OFFICE OF THE PRESIDENT AND BOARD OF TRUSTEES
ONE VILLAGE CIRCLE
WILLOW SPRINGS, IL 60480

Year of Request : _____

Date: _____

BUSINESS INFORMATION

OWNER INFORMATION

Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip
Telephone: ()	Telephone: ()
FAX #:	FAX #:

Contractor Type: ☐ Asphalt ☐ Electrical ☐ Fencing ☐ Landscaping ☐ General
☐ Machinery ☐ Masonry ☐ Plumbing ☐ Roofing ☐ Other _____

EMAIL ADDRESS: _____

PLUMBERS ONLY: Enclose a copy of your current State Of Illinois Plumbing License # _____

ROOFERS ONLY: Enclose a copy of your current State Of Illinois Roofing License Certificate # _____

SUBMIT THE FOLLOWING:

1. Surety Bond in the amount of \$10,000
2. Certificate of Insurance, General Liability—\$1,000,000
3. Proof of Workers Compensation Insurance—\$500,000
- 4a. Plumbers and Irrigation Contractors—completed application and State Certification (no fee required)
- 4b. Roofers—completed application, copy of State Roofer License Certificate, and the Registration Fee of \$100
- 4c. All other contractors—the completed application form and the Registration Fee of \$100

- NOTE: It is the **contractor's responsibility to provide updates** when the bond or insurance expire during the calendar year of this registration. Failure to do so will result in the lapsing of your Willow Spring registration.
- **Notify the Building Department of changes in the above information** during the calendar year of this registration. Your registration is valid for the calendar year only. Renewal forms are mailed each December.

NOTE:

Failure to comply with Chapter 4, Section 1-3 or any other misrepresentations or classification of this application may result in penalties as described in Chapter 4, Section 1-4-1 of the Willow Springs Municipal Code .

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

Fee \$: _____ Date Rec'd: _____ Rec'd by: _____ Date Iss'd: _____

Receipt #: _____ Contractor #: _____